



CENTRE FOR RESEARCH STUDIES (CRS)
KRISHNA UNIVERSITY::MACHILIPATNAM
ANDHRA PRADESH., INDIA -521004

APPLICATION FOR REGISTRATION AS RESEARCH SUPERVISOR

Subject	
Area of research	

Affix recent
Photograph &
Sign across
photograph

1. Name :
2. Present designation and :
Details of institutions
3. DOB / AGE :
4. Communication Address :
Office :

Residence:
5. Phones (s) Office :STD code _____ phone _____ Residence
Mobile :
6. Fax :
7. E-Mail :

8. Educational Qualifications: (Enclose list separately if required)

S. No	DEGREE / DIPLOMA	UNIVERSITY / INSTITUTE	YEAR	TOPIC / SPECIALIZATION
1.	P. G.			
2.	M.Phil			
3.	Ph.D.			
4.	Others			

Note: Please attach true copies of original degree (OD) certificates of UG, PG & Ph.D.

9. Teaching/Work Experience: (Enclose list separately, if required)

S. No	Designation	Date		Total years and months	Type of service Govt. Aided/ Un Aided / Private/ recognized
		From	To		

Note: Please attach true copies of the service certificates.

10. Total years of service :

11. Present Designation :

12. Research Experience :

A. Details of Research Publications : (Enclose list)

S.No.	Author (s) Name	Title of Research Paper	Year of Publication	Name of Journal with ISSN	Vol.	Issue. No.	Pages (pp)
1							
2							
3							
4							
5							
6							
7							
8							

Note: Please attach a maximum of three best publications after obtaining your Ph.D.

B. Research Guidance if any : (Enclose list as per the given format)

S.No	Name of the Scholar	Research Degree	University	Year	Topic
1					
2					
3					

C. Any other Distinctions achieved :(Enclose list)

DECLARATION OF THE CANDIDATE

I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my recognition as research supervisor may be cancelled without assigning any reason thereof.

Place :
Date :

SIGNATURE
(With office seal)

SERVICE CERTIFICATE FROM PRESENT EMPLOYER

This is to certify that is an employee of this institution (name of the institution) and working with the designation of from till date.

The details of his / her total service in this institution are as follows:

S. No	Designation	Date		Total years and months	Type of service Govt. Aided/ Un Aided / Private/ recognized
		From	To		
1					
2					
3					

He/She has a total service ofyears.....months in this institution in the designations mentioned above.

The candidate is hereby accorded permission to register his/her name as research supervisor of Krishna University to guide the Ph.D. scholars in the department of

Place :
Date :

Signature of principal/Employer
Office Seal